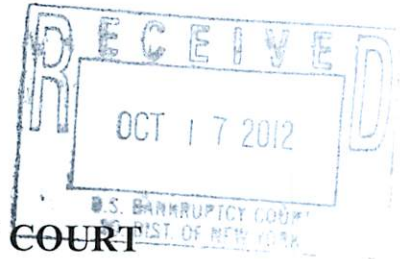


B 210A (Form 210A) (12/09)



UNITED STATES BANKRUPTCY COURT

Southern District of New York

In re Lehman Brothers Holdings, Inc., *et al.*,

Case No. 08-13555 (JMP)

TRANSFER OF CLAIMS OTHER THAN FOR SECURITY

THE CLAIMS SET FORTH ON EXHIBIT A HAVE BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfers, other than for security, of the claim referenced in this evidence and notice.

Frankfurter Sparkasse

See Exhibit A

Name of Transferee

Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim # (if known): See Exhibit A

Amount of Claim: See Exhibit A

Date Claim Filed: See Exhibit A

Frankfurter Sparkasse
Attn: Dr. Sven Matthiesen, R 11
Neue Mainzer Straße 47-53
60255 Frankfurt, Germany

Phone: 011-49-69 2641-2610

Name and Address where transferee payments should be sent (if different from above):

[N/A]

Phone: [N/A]

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

By: S. Matthiesen

Date: 10-10-2012

Title or Source of Authority: Dr. Sven Matthiesen, Director, Frankfurter Sparkasse,

Transferee's Agent

Exhibit A

Transferor:	David Pollender Im Kammereck 4a 63329 Egelsbach (former address: Staudenstr. 49 63075 Offenbach) Germany
Court Claim # (if known):	Claim Number 59115 Blocking Number 7004200910140409900
Date Claim Filed	October 28, 2009
Amount of Claim:	4,654.48 USD

We kindly ask to receive distributions by wire, see the enclosed form.

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re: Chapter 11
Lehman Brothers Holdings Inc., et al., Case No. 08-13555 (JMP)
Debtors. (Jointly Administered)

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000059115



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

DAVID POLLENDER
STAUDENSTRASSE 49
63075 OFFENBACH
GERMANY

PHONE:
+4915158947115

Telephone number: Email Address:

DPO_79@MAC.COM

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ 2717 (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): DE 000AOL JV62 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

7004200910140409900 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

7004 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:

10/28/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 29 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Creditor Name: FRANKFURTER SPARKASSE
Payment Aggregation Number:
Claim Number(s): **59115**

Account Holder Name (If different than Creditor Name above):

FRANKFURTER SPARKASSE LP DRECHTSABT

Bank Name:

FRANKFURTER SPARKASSE

Country of Bank Account:

GERMANY

IBAN or Account Number:

9000298516

BIC-Bank Identification Code:

HELADEF1822

ABA Code:

Sort Code:

B2B Information:

OBI Information:

VIA CITIUS33

If you need to use an intermediary bank to transfer money, please complete the below:

Intermediary Bank Name:

LANDESBANK HESSEN-THUERINGEN

Country of Intermediary Bank Account:

GERMANY

Intermediary IBAN or Account Number:

Intermediary BIC-Bank Identification Code:

HELADEF1

Intermediary ABA Code:

Intermediary Sort Code:

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. (If the signatory is not the above-referenced creditor, please provide a copy of the power of attorney, or a letter on company letterhead granting the authority to make the representation on behalf of the creditor, and provide your title below.) I hereby (1) request that distributions made to the above-referenced creditor be made by wire transfer to the above-referenced bank account, (2) confirm that this account is authorized to receive payment for this claim, and (3) acknowledge that a fee of \$20 for transfer to a U.S. bank account or \$35 for transfers to a non-U.S. bank account will be deducted from each wire.

S. Matthiesen

Signature of Claimant

SVEN MATTHIESEN

Print Name of Claimant

Frankfurter Sparkasse

Neue Mainzer Straße 47-53
60311 Frankfurt am Main

Date: **10-10-12**
M M D D Y Y